

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

U.S.

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	3/10
Original	2/26
1	05/03
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48	✓
49	✓
50	✓

Claim	Date
Final	10
Original	16
1	07
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59	
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62	✓
63	✓
64	✓
65	✓
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Claim	Date
Final	101
Original	102
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If more than 150 claims or 10 actions  
staple additional sheet here

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